

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO **10722190**

FILING DATE **11-25-03**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1	-				
2		-				
3		-				
4		-				
5		-				
6		-				
7		-				
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50						
TOTAL IND.	1					
TOTAL DEP.	9					
TOTAL	10					

	IND	DEP	IND	DEP	IND	DEP
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